

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DA</i>	<i>32</i>	<i>11/6</i>
FORMALITY REVIEW	<i>TA</i>	<i>1113</i>	<i>8-22-01</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>1090</i>	<i>10/25/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

10-25-01  
 08/24/01  
 R.E.P. 550